2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

()1321 Reg. Dist. No. 2 € 2

И	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	and of the
City or town	I A A A A A A A A A A A A A A A A A A A
How long in above place of death?	City or iown
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Salacuan all	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH ASM TO 18 7 at 7 p
6.(6) Namo of husband or with Alexandella Cheef	21. I CERTIFY that death occurred on the date above stated; that Justendel deceased from
7/-	19 / 10 / 19 / 10 / 19 / 19 / 19 /
7. Birth daio of	and that last saw h analive on fine
deceased (mo., day, yr.) R AGE Years Months Days it less than one day	Immediate cause of death DURATION
0. Add.	f f
7	Child Hold The Hall May 19
9. Birihplace	Duo to
10. Usual occupation Done	
	Due to
11. Industry or businoss,	
12. Name SA Mario Co. N.d.	Dther conditions
41 · · · · · · · · · · · · · · · · · ·	(Include pregnancy within 3 months of desth)
14. Maiden name I Mulella D. Jenkins	Major findings of operations
E 15. Birthplace Solomone Island, The.	Date of op.
16. Informant A Lace	Antopsy results
Address Stoward tony	PHYSICIAN: Please underline the cause to which death should be charged statistically.
The Uluty	22. VIOLENCE: It death was due to external causes, till in the tollowing:
t7	Accident, suicide, or homicide
Cemetery or crematory Ala Mary orey	Where did injury occur?
Location to caldton	Injured at home, farm, industry, public place (where?)
Spr. Potas un	Moans of injury injured at work?
t8. Funeral director	(1) . () (0)
Address Sonalasoms	23 SIGNATURE) M. D. or other
19. 4/13\ 19.47 Caccally	Nongellm / 4/13/1/
19. (Date rec'd by registrar) Registrar	Address Date signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1750

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CER	TIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County St. Mary's City or town Park Hall, Maryland City or town Inite, write RURAL and give nea How long in above place of death? Months Hospital, Institution, or street address where death occurred: Park Hall, Maryland How long in hospital or institution? 3. (a) FULL NAME Anderson, Austin Lee	(If outside city or town limits, write RURAL and give nearest town) Route 1 Box 169 Hallshope
4. Sex 5. Color or race 6.(a) Single, married, widowed, or	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH 27 April 147 ,at 7.05A.M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arival atte US NAS Patuxentis and that I last saw h
8. AGE: Years Months Days It less than one di	day Skull Skull
9. Birthplace North Carolina (Town, county, and state) 10. Usual occupation. Aviation. Machinest. Ma 11. Industry or business U.S. Navy	Due to
12. Name J. W. Shipman (God Father 13. Birthplace (J. Received) 14. Malden name (J. Received) 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
Address talujent Bener >2	Autopsy results. Contrusions and Large Hatter PHYSICIAN: Please underline the cause to which death should be charged state in 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Removal Date thereof 4/28/(Buriai, cremation, or removal, Which?) Cemetary or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident Bate of 4/27/47 Where did injury occur? Park Hall St. Mary's Maryland (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Park Hall Md.
18. Funeral director P.B. Robinson Address Leonardtown, Maryland 19. (Dayle rec'd by registrar)	Two date mobile Accidents was No
	Corner



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 496

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Of Manager 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary Lead County It Mary
City or town	0 1
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No.
It marij Haspila	(If rursl, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
anna Fr. Sammeruk Ba	mes
4. Sex 5. Color or race (3) Igle, married, mighney or divorced	MEDICAL CERTIFICATION
Fremale White married	20. DATE OF DEATH. 2 Pril 6 19 47 21 12 00 PM
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife Walter Rushund Bannes	march 1 1947 10 Abril 6 1947
7. Birth date of	and that I last saw h 2 T alive oh DS C C 1547
deceased (mo., day, yr.) Wiff 4 - 1925	Immediair Cause of death.
8. AGE: Years Months / Bays If less than one day	
21 8 2hrs. min.	Ventrulis 6 days
9. Birthplace Buffles new York	Due to Endometrilis
9. Birthplace Guffle (Town, county, and state)	andometricis 6 day
10. Usual occupation April 2	Due to
11. Industry or business	
= 12. Name John Symmery	Other conditions represent 47 week
12. Name Symmery 13. Birthplace Warsaw Poland)
# 14. Maiden name Julian Symmery	(Include pregnancy within 8 months of death)
E 14. marcen manorima	Major findings of operations. Carpana Carpana
15. Birthplace Warson Polasel	Date of op. 3./ 3.1.14
16. Informant Watter Mulary Barrels	Autopsy results
Address Redel MI	22. VIOLENCE: It death was due to external causes, till in the following;
17 Burial Date thereof Cepril 9. 1947	
(Burial, cremation, or removal, Which?)	
Cemetery or crematory St Machael Classification	Where did injury occur?
Location Audil Mc	Injured at home, farm, Industry, public place (where?)
1 2 1 1 2 Jane 1 Back Love 1	Mssns of Injury Injured at work?
18. Funeral director	10.
Address Stonardury Mil	23. SIGNATURE (LLC)
19 april 8 19 47 Cellection	M, D. or other
(Date rec'd by registrar) Registrar	Address Date signed

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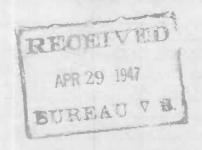
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01324 CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH. County City or town. (If outside city or town limits, write RUICAL and give nearyst town) How long in abova place of death? Hospital, institution, or streat address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Singla, marriad, widowad, of divorced From ale Calord Whosperer	MEDICAL CERTIFICATION 20. DATE DF DEATH. SPAN 2 5 1947 at 9.45 P.M.
8,(b) Nama of husband or wife	21. I CERTIFY that death occurred on the data above stated; that I aliented Sacessed from
8. AGE: Yeara Montha Days If less than one day	Immediate cause of death
9. Birthplace Land Mary of Mary land state)	Pove to Probable / en besculoses
10. Uaual occupation	Due to
12. Name State Same Co	Other conditions
14. Maldan name A. A. C. Suttler 15. Birthplace St. Mary (1)	Major findings of operations
Address Lean and Mus	Antopsy results
17. But and Data thereof (month) (day) (year)	22. VtOLENCE: If death was due to external causas, fill in the tollowing: Accident, suicide, or homicide
Comatery or crematory Assistant Location Newson Leders and all the Company of the Comment of the	Whera did Injury occur?
18. Funaral director L. Httl. Mary M. M. Address Leman Story	22 SIGNATURE FRANCIS 4. THERMENSELL
19. 4/27/ (Dafe rec'd by pegistrar) (Dafe rec'd by pegistrar) Registrar	Addrass Leman Addrass Just 264



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77.D.

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CERTIFICATE OF DEATH

eg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State M. County County County City or town limits, write RURAL and give hearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME ROTOR Berralox	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 5 19 47, 21/2, 200 p
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Yays It less than one day	and that I last saw h. 1977. alive on
53 10 17hrsmin.	Junyman gans
9. Birthplace. Carn plont. St. Marthy Marthy 11. Industry or business 11. Industry or business 12. Name. January Marthy Carney 13. Birthplace Germ	Due to
14. Maiden name / ate /grott 15. Birthplace St mars Co	(Include pregnancy within 8 months of death) Major findings of operations
Address Lever action md 1.70	Antopsy results
17. Burial, cremation, or removal. Which?) Date thereof. April 7. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Charles musich Cumuling	Where did Injury occur?
18. Funeral director. W. C. Mattingley Sons. Address Leonardtown Md	Msans of Injury Injured at work? 23. SIGNATURE. HAMMEN FALLMAN
19. 47 7 (Water rec'd by registrar) 19.47 (Water rec'd by registrar) Registrar	Address Administration and Date signed Africa by



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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01326

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or Institution?	2.(a) 11 veteral, name war. Mandal Way
3. (a) FULL NAME Stanley Cr	Reseldine 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced live.	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that i Manded doceased from
7. Sirth date of deceased (mo., day, yr.) Necessales S 8. AGE: Years Months Days It less than one day	and that I last saw h
49 1hrsmin	n.
9. Birthplace	Due to
10. Usual occupation Walanaman	Due to
11. Industry or business 12. Name a seph & Chesoldine 13. Birthplace Manufaux	Dither conditions
14. Maiden name Defender Manding 19	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant anggette B Chareline	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. But die Date thereof 5 (mg/nth) (dos) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cometery or cremajory Wingson Latinoval	Where did injury occur?
Location Colingan Strangenia	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	
19. CDate tec'd by registrar) Address Concard lower Wig. (Date tec'd by registrar) Registrar	23. SIGNATURE TRANSCES T SELECTION M. D. or other Language State

MAY 5 1947
BUREAU V 8.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N.	Charles	St.,	Baltimore	(93-d
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		A I C.		110.6	

CERTIFICAT	E OF DEATH Reg. Dist. No.
City or town of the country of town limits, write RURAL and give nearest town) How long in above piece of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siate
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles King Clarke	3. (b) Social Security Number
4. Sex 5. Color or race / 6.(a) Single, married, widowed, or differed Male White Wyslowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	eed that I last saw half alive on for the first on the fi
8. AGE: Years (Months Days If less than one day 2 2hrsmin.	If talked I almen
9. Birthplace (Town, county, and atate)	Due to Machinet Myst Carllelled of yes
10. Usuel occupetion	Due to
12. Name 12. Name 24 1 Manua Co	Other conditions
14. Maiden name. Refuse a Themwell 15. Birthplace of many co	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant Philips Clarifle	Autopsy results.
Address Levnandowy med	PHYSICIAN: Please underline the eanse to which death should be charged statistically. 22. VIOLENCE: If death was due to external ceuses, fill in the following:
(Burial, cremation, or removal, Which?) Date fhereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Location Location	Whers did injury occur?
18. Funeral director W C. Mustano By Sana	Means of Injury tnjured at work?
Address Leonardown Ma	23. SIGNATURE PLANSELS I ISLANDELS M. D. or other
19. (Date rec'd by registrar) Registrar	Address Alexander Man Date signed 4-1-1-17

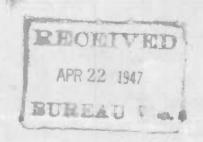
APR 19 1947 STEFATIVE 2411 N. Charles St., Baltimore 9242)

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2411 N	N. Charles St., Baltimore 9202)
CERTIF	ICATE OF DEATH Reg. Diat. No
County City or town limits, write RURAL and give nearest town long in above place of death? How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Willis Const	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed Male Colorel married	MEDICAL CERTIFICATION 20. DATE DF DEATH. ASSISTED 19.4/7. 21.47.5
6.(b) Name of husband or wife. M. A. A. F. A. A. C. S. C. It alive, give age. A. S. S. C. S. A. G. C. Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
9. Birthpiaca Philadlaphia Pa (Town) county, and state) 1D. Usual occupation. Boat Bushing	Christick elyculot (1001/11 >
12. Name Cook 13. Birthplace In destance	Other conditions
14. Maiden name. Fraus Coul	(Include pregnancy within 3 months of death) Majur findings of operations. Date of op.
16. Informant Mary Francis Coo	Antopsy results PHYSICIAN: Please underline the cause tu which death shuntd be charged statistically.
(Burlai, cremation, or removal, Which?) Date thereof April 21- (month) (day) (y	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Commetery or crematory The Location Market State Commeters of the Commeter State	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. C. Mattingley & Address Lloyandfown M	Means of Injury Injured at work? Injured at work?
19. 4/20 19.47 Caceed	23. SIGNATURE M. D. or other Registrar Address Address

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ALL & WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

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01329

CERTIFICATE OF DEATH

Rev. Dist. No. 28/

1. PLACE OF DEATH: County County City or town City or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Tobert Gullison 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male Black Married	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
£0 &01'.	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	africe 1 18 47, 10 afril, 5, 19 47
7. Birth date of	and that last saw harmanilye on Cofe 18 47
deceased (mo., day, yr.) //arch 3 /8 68 8. AGE: Years Months Days If less than one day	Immediate cause of death
7/ / 0hrsmin.	Wal to feet discusse 5 years
	Valyman heart disease 3 years
9. Birthplace (Town, county, and state)	Due to
10. Usuat occupation	Due to
11. Industry or business	
12. Name Punch Cullison 13. Birthplace Mary Lands	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
S 15. Birthplace	Date of op.
18. Informant Florenge Englison	Antopsy results
Address Scotland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Cokril 7, 1949	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory In Like Cemelling	Where did Injury occur?
Location State Man	Injured at home, farm, industry, public place (where?)
18. Funeral director E. L. Rabinson	Mesns of Injury Injured at work?
Address Damenon. Md.	0112
Audicas Audicas	23. SIGNATURE M. D. or other
19. (Dyle rec'd by registrar) (Dyle rec'd by registrar)	Address Dre at Mills, Md. Date signed 4-5-47



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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

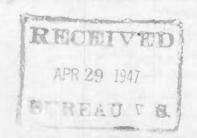
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CERTIFICATE OF DEATH

	00	
MY	Reg. Dist.	No

(If of How long to above place Hospital, Institution, or	AS Patuxen on death? 6 Mon street address where y, US NAS	Patuxent River, Md.	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of New Jersey State Courselosten, New (if outside city or town limits Street No. 15 Smith Street (If rural, give	nty	
How long in hospital or	Institution? 10	Hours	2.(a) If veteran, name war		V
3. (a) FULL NAM! Emery, Ge	e eorge Edwa	rd		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Single	20. DATE DF DEATH 26 April	1947 at 92	7 P
8.(b) Name of husband or wife		and that I last saw h	pril		
8. AGE: Years	Months 6	Days If less than one day 4hrsmin.			
10. Usual occupation 11. Industry or busines 12. Name	U.S.Navyery, Alber	t C.	Due to		
14. Malden name. 15. Birthplace 16. Informant	Huke J. M.	ingle	Msjor fiadings of operations	und skull!Contusio	ns
Address (Salugenf Charlet 17 Removal Removal Date thereol 4/27/47 (Burial, cremation, or removal, Which?) Cemetery or crematory Localin Linguistic Poble Robinson 18. Funeral director Poble Robinson		22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Accident Where did injury occur? US NAS Pata (City or town) Injured at home, farm, industry, public place (w Means of injury Jeep turned or	t bate of 4/26/4 bate of 4/26/4 county (State) Naval Air State Ver Injured at work? Yes	7 nd	
19. Water rec'd by re	onardtown,	Maryland Coccalia Registrar	23. SIGNATURE CDR. L.H. Bell (MC) USN US NAS Patuxent River, Maryland Address Address F Memory Hand Congress		26/4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01331

CERTIFICATE OF DEATH

Reg. Dist. No. 2 f 6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County	272
(If outside city or fown limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL sud give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veterao, name war
3. (a) FULL NAME	3.(b) Social Security Number
Seveta Stele som	
4. Sex 5. Cylor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
un w married	20. DATE DE DEATH 4 19 19 21 / 0 19 M
0 /- 11	
8.(b) Name of husband or wife.	21_I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) 3 - 7 5 - 15 6 6	and that I last saw h:
8. AGE: Years Months Days If less than one day	Immediate cause of death. DURATION DURATION
\$ / 3 21	lyright
9. Birthplace Dalsh 54. mg; wed	Colores Calelland
9. Birthplace Office (Town, county, and atate)	Due to. Charles The Charles Th
10. Usual occupation The Santa	
11. Industry or business	Due to
1	
12. Name CYCLU 13. Birthplace (O. C.)	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name 11 11 20 f C Naustaul	Major findings of operations.
2 15. Birthplace Sitting Colad	Date of op.
18. Intermant Accord Manager Control of Manager	Autopsy results.
Address GVE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
the state of the	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, soicide, or homicide
Cemetery or crematory 2 4 that I be and	Where did injury occur?
n. l.	
Location	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Maltung	Means of Injury Injured at work?
Address Line Metal Land	18 Mais Land
16 18 112 12	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 4 17 17 1/2 Date signed 7 17 1/2
	Date signed



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of informis especially important. Physicians: please write the causes of de
LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the cause
LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every is especially important. Physicians: please write the
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LEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: p
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LEASE WRITE PLAINLY, WITH UNF is especially important.
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MARYLAND STATE DEPARTMENT OF HEALTH

01332

2411 N. Charles St., Baltimore (23.4) CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	200 110-0 01 20
City or town (If outside city or town limits, write RURAL and give nearest town)	State M. C. County County City or town. Classification
How long in above place of death?	City or town
Hoapital, institution, or atreet address where death occurred:	Street No. R. J. D. A. J. 2
Llonardrown ma	(If rural, give LOCATION)
How long in hospital or institution? The Marifa Hospital 1/2	2/0) If veteran, name war
3. (a) FULL NAME	
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male while married	20. DATE OF DEATH. and
8.(b) Name of husband or wife May July Colhaning Glasge	21. I CERTIFY that death occurred on the date above atatod; that Lattended deceased from
	6 19 19 19 10 1 19 14 18 C.T.
7. Birth date of	and that I last sew ht allvo on If I 1947
deceased (mo., day, yr.) Sept 20 - 1902	Immediate cause of death
8. AGE: Yeara Montha Days If less than one day	
44 6 2/nrsmin.	the state of the s
100 h on him was allowed	At Budelines
9. Birthplace. (Town, county, and ataty)	Duo to
1D. Usual occupation	8 - 1-
11. Induatry or buaineaa	Due to
	At the same of the
12. Namo E St March Co	Dther conditiona
E 13. Birinpiace	(Include pregnancy within 3 months of death)
E 14. Maiden name Aluna line James	Major findings of operations
15. Birthplace St mary co	Date of op.
18. Informant Mary Mary Calharine Gull	Autopsy results
Address Pleasents mot	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Personal 19	22. VIOLENCE:-It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cromatory of Jaseph Cemetery	Where did injury occur?
Location Mr. anna Mr.	Injured at home, farm, Induatry, public place (where?)
VII & Eng III Soul 8 mg	Meona of injury Injured at work?
18. Funeral director.	16,000
Address & Lon avalous / 114	23. SIGNATURE, Paul CI - Churalus
19. 4/16 19/ Clevelly	M. D. or opher M. D. or opher Date signed to 1/6/4

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	TE OF DEATH Reg. Diat. No	
white RORAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For residence of mother) State Country of town limits, write RURAL and give not street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
(a) Single, married, widowed, or divorced	3. (b) Social Security	Number
a) single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	eased from
1874 1ays It less than one dayhrsmin.	and that I last aaw to alive on Jan 24 to 1922. Immediate cause of death. Control of the first	
y, and state) April Tally	Due to	
Land Joung	(Include pregnancy within 3 months of death) Major fieldings of operations	
ate thereof (month) (day) (year)	Actionsy results	
Johnson	Where did injury occur?	
Clena Ca Registrar	23. SIGNATURE M. D. Address Date signed	or other 4/27/4-

FOR BINDING MARGIN RESERVED ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

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rect

1. PLACE OF DEATH:

How long in above place of death?..... Hospital institution, or street address where death

6,(b) Name of husband or wife.....

Months

Years

How long in hospital or institution?.

3. (a) FULL NAME

If outside eity or town limits

City or town

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace..... 1D. Usual occupation..... 11. Industry or business 12. Name ...

> 13. Birthplace 14. Malden nan

15. Birthplace

Cemetery or cremetors

Daye rec'd/by registrar)

16. Intermant Address

Location 18. Funeral director

Address

8. AGE:

9-45-15M



1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or institution? 3. (a) FULL NAME

6.(b) Name of husband or wife

Years

Months

Days

7. Birth dafe of deceased (mo., day, yr.)

9. Birthplace.....

13. Birthplace 14. Malden name 15. Birthplace

18. Funeral directo

Address

10. Usual occupation. 11. Industry or business 12. Name

(Burial, cremetion, or remova).

8. AGE:

4. Sex

Hospital, Institution or street address where death, occurred:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

.6.(c) If alive, give ageyears

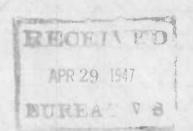
If less than one day

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CERTIFICA

	(07.70		
ICAT	E OF DEATH	Reg. Dist. No	
wn)	2. USUAL RESIDENCE (HOMI (For newborn infanto give residen State	County J. M.	rest town)
	Street No	, give LOCATION)	
nel		3. (b) Social Security 1	
d	MEDICAL	L CERTIFICATION	
_Q	20. DATE OF DEATH. April.	26 1847	17 30
years	21. I CERTIFY that deatl occurred on the da	ate above stated; that altended decea	sed from
	Immedia; cause of death	P	DURATION
	Due to		
	Due to		***************************************
	Dther conditions		
N	(Include pregnancy wit		
		Date of op	
	Actopsy results		etatistically.
/4 7 year)	22. VIOLENCE: 11 death was due fo extern Accident, suicide, or homicide		
	Where did injury occur?(City or t Injured at home, farm, industry, public pla		(State)
	Means of Injury	Injured at work?	
4.	23. SIGNATURE MANUE a	· Camalier	or other
Registrar	Address XIouaidte	Date signed	1/1276

The correct age information carefully. The of death clearly and legibly. ADING INK. Supply every item of ithysicians: please write the causes UNF important. PLAINLY, vis especially WRITE PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (118)

CERTIFICATE OF DEATH

Reg. Diat. No. 2

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County Stl Marys	
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Coltons Point (if outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 2½ yrs.	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Streel No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	/2.(a) 11 veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Elizabeth Jane Leyde 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced		
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widowed	20. DATE DF DEATH April 3 19 47 21 6:30p W	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	4-2- 1947 10 4-3-19-1	
7. Birth date of S. C. S	and that I last saw h. A. alive on 4 - 2 18 13	
deceased (mo., day, yr.) May 30 1860	Immediate cause of death Out Communication DURATION	
8. AGE: Years Months Days It less than one day	in digition	
86 × 0hrsmin.	J.	
9. Birthplace	Due to	
10. Usual occupation. none	Due to	
11. Industry or business		
質 12 Name Joseph Baker	Other conditions of wall free free free free free free free fr	
13. Birthplace Pennsylvania		
質 14. Maiden name Margaret Mc Caslin	(Include pregnancy Within 3 months of death)	
14. Maiden name MAAA 6.94.4.V. MAV. V.	Major findings of operations.	
14. Maiden name Margaret Mc Caslin 15. Birthplace Pennsylvania 16. Intormant Margaret A. Wenderholm		
16. Intormant Margaret A. Wenderholm	Autopsy results	
Address Colton Point , Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: 11 death was due to external causes, fill in the following:	
17 Burial Burial Bate thereot 4/7/48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Graceland	Whars did injury occur?	
location New Castle, Pennsylvania	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Leyde Mortuary	Means of Injury Injured at work?	
Address New Castle, Pennsylvania.	20 SIGNATURE RAMINISTRALISMAN	
42 11-20 12 1	23. SIGNATURE M. D. or other	
19. (Date rec'd by registrar) 19.47 / WWT. Jackston Registrar	Address are und Date signed 4 - 4 - 4	

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore 940

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CERTIFICATE OF DEATH

Reg. Dist. No. 28/

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married 8.(6) Name of husband or wife Married Like Married 8.(c) If allive, give age 52 years T. Birth date of	20. DATE OF DEATH
deceased (mo., day, yr.) auf 12 1889	Immediate cause of death
8. AGE: Years Months Days If less than one day	Croning relevais 3 years
9. Birthplace (Town, county, and atate) 10. Usual occupation	Due to
12. Name 12.	Dther conditions
14. Maiden name Elizarandets novus 15. Birtholace It many Co., Mid.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
18. Informant Huse Historia E. Morriss	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Alleran Landscha Colla Confidence	Where did injury occur?
18. Funeral director Al Superior Advantage Source	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. 4 5 19. 4 7 Registrar) 19. 4 Registrar	23. SIGNATURE PREAL M.D. or other Address Breat Millo Ma Date signed 4-15-47

SE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother) State County City or town (if outside city or town) fmits, write RURAL and give nearest town) Street No
3. (a) FULL NAME William & Ric	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divoked make Colored making	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months J Days If less than one dayhrs	ars and that I last saw have alive on april 1947 19. Immediate cause of death Control Lemont og 2 4
9. Birthplace (Town county, and state) 10. Usual occupation (Town county, and state) 11. Industry or business	Oue to Chouse replatio
12. Name	(Include pregnancy within 3 months of death)
16. Informant Mary M. Sign	Major findings of operations
Address A. Mary Date thereof (borth) (day) (year) Cemetery or crematory A. C.	22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide
Location St. J. B.	Injured at home, farm, industry, public place (where?)
19. 4/9 19. College of the Registrary	23. SIGNATURE M. D. or other Address Repurglon Pan Wd Date signed 4-13-

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /57c

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
County City or town. (If outside city or town limits, write RURAL and the nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or instilution? 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town
3. (a) FULL NAME Infant Russell -	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 21 fant.	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 13 47 21 47 21
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 mms 13 - 4 18 18 18 18 18 18 18 18 18 18 18 18 18
8. AGE: Years Months Days 11 less than one day 2hrs. 10min. 9. Birthplace Levaluston manylust (Town, county, and stake) 10. Usual occupation.	Unafle to live ofthe better - Bue 10. Malformate of Jelin - Bue 10. Que
11. Industry or business 12. Name	Dther conditions MANY
14. Maiden name May Virguis Hury 15. Birthplace It may of may	(Include pregnancy within 3 months of death) Major fiadings of operations
Address Clements md	Autopsy results
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory Lewardow & Clargania.	Accident, suicide, or homicide
Location Alexander Mustages	Injured at home, farm, Industry, public place (where?) Means of Injury tnjured at work?
Address Lenard ton mag 19. 4/13 47 Caccallers (Deteror) by registrar 19. Registrar	23. SIGNATURE Alorsius Q Weld M. D. or other Address Chaptter Full - Date signed.



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrective is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED

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MARYLAND STATE DEPARTMENT OF HEALTH

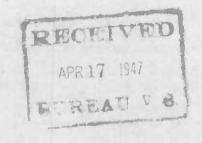
2411 N. Charles St., Baltimore (36)

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CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: If Manys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Manual County gold Market
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Sireei No
	La constitución de la constituci
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Louis Shurand	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white windowed	2D. DATE DE DEATH Charles 13 19 4 7 91/100 A. M
7,7000	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of A	and that I last saw h and alive on Charles 12 19 47
deceased (mo., day, yr.) Clother 1870	Immediate cause of death
8. AGE: Years Months Days It less than one day	Immediate Cause of death
76hrsmin.	Cerebral bear hear 7 change
many land	Due to.
9. Birthpiace (Town, county, and state)	General atrices selection be from
10. Usual occupation relined Sof. Master	Due to
11. Industry or business	
# 12. Name alexander Tennipon	Dither conditions.
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name Mathee Calley	Major findings of operations
15. Birthplace many land	
= 15. Birinpiace / January Lane	Date of op
16. Informant L. Alayal Dear	Autopsy results
Address Bearingle, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following:
17 (Burial, cremation, or rempys). Which?) Date thereof (Gay) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, which)	
Cometery or crematory	Where did Injury occur?
Location Beachwille Mill.	Injured at home, farm, Industry, public place (where?)
OBA.	Means of Injury Injured at work?
16. Funeral director . Dalays and Company	
Address Leonardlauer mo.	23. SIGNATURE PAREAU, M.D.
4-15- 47 sol Blan not	M. D. of other
(Date rec'd by registrar)	Address Great Milla, Md. Date signed 4-15-27



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Da ango	7- 1/1 / 1/1 / 20.	ula.
(If outside city or town limits, write RURAL and give planest town)	State Many St Marsh Pitel	
How long in above place of death?	City or town	t town)
Hospital, Institution, or street address where death occurred:	Street No.	
It mars Hospital Fundedown med	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME .	3. (b) Social Security Nu	mber
John William Whitam Sr		
8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH	1142
6.(b) Name of husband or wite January Whitesan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	l trom
	Bapil 2 1847, 10 april &	19.5
7. Birth date of	and that I last saw h. 1 10 alive on Ophnil P	19.4
deceased (mo., day, yr.) est - 23 = 1880		DURATION
8. AGE: Years Months Days It less than one day	Immediate cause al death	
6 6 5 17hrs. min.	myseardial Failure	6 day
9. Birthplace Co hopels High you	Oue to	
9. Birthplace(Town, county, and state)	Route Coronery Occlusion	4/2/47
10. Usual occupation	and the state of t	7
1t. Industry or business	Oue to	40 00 000 000 000 000 000 000 000 000 0
	4.24	
12. Name 12. M. M. M. S. M. M. S. M. M. S. M.	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Packelle Humphreys		
15. Birthplace England	Major findings of operations.	
1		
16. Informant 12.	Autopsy results	tistics the
Address Acuttand mil		distriction .
Aurico Gh: 2-11-1947	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
(Burial, cremation, or removal, Which?) Oate thereot (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Charachagh Classettery	Where did injury occur?	State)
or the leaves	Injured at home, tarm, industry, public place (where?)	
Location and Charles C	Means of Injury Injured at work?	
t8. Funeral director	h a 1 4 - 1 - 1	1 3
Address Tennandaun Manglund	23. SIGNATURE Perkert T. tucks	4.0-
19. 4/9 187 Camalen	I I The Tree I	2/0/m-
19. (Date rec'd by registrar) Registrar	Address Ottuar Office Date signed T.	J. S. J. T.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

01341 Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
ssie Wilson	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Smale colored sin	20. DATE OF DEATH Office 26 1947 at 3 3 19. 11
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that rattended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
46hrsmin.	Dan Daller State
8. Birthplace	Due to
tt. Industry or business	
12. Name Clarke Dysan 13. Birthplace nar land	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Dutles 15. Birthplace Many land	Major findings of operations
15. 8irthplace many land	Date of op.
P. L. Leto To	Actoosy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Dearand Louis Med.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (Anoth) (day) (year)	Accident, suicide, or homicide
Cometery or crematory St. Thereis Xagian	Where did injury occur?
n 01. n. 1 /0 (+ 1)	City or town) (County) (State)
Location feel our tour the complete	Means of injury Injured at work?
18. Funeral director 100 . To Research	
Address Deandlauer	Baulel Camples
4/27 47 Canali	23. SIGNATURES M. D. or other
Dave rec'd by registrar) Registrar	Addless Lovach Date signed 127 14

